Registrar.

If more blanks are heeded, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Registration I	Dist. No.	333
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	give eity or town	
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Sept.	(Day)	(Year)
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The and telated cause	s or importance	
Cali	R	Date of onset
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portance:		
	Date (
uses (VIOLENCE) fill		
	Date of injury	, 19
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(Specify city or to	towu, county and	State)
	, 01 111 1 0 0 0 10	I LATOL,
À	tion of deceased	

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployce," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week aga
Chronic interstitial nephritis	1921	Run aver by street car	1 week ago
Cerebral hemorrhuge	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		(3)
County Pricomico		Registration Dist. No. 333
Village or City Fruitle	mcl .	No. St., Wa
Length of residence in city or town where deeth of		ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME. Mallyay	N. Bo	slick.
(a) Residence: No. — Stali	(Usual place of abgle)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH (Tongs) (Day) (Year)
a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Au Phane	chell	22. DEREBY CERTIFY That Lattended deceased fr
S. DATE OF BIRTH (month, dey, end yeer)	+ 29-10/11	I lest sew blue, alive on 19.2 death is s
AGE Yeers Months	Deys If LESS then	to heve occurred on the date stated above, etm.
84 11	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were es follows:
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	arhenter	Deulelis relletie
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	/	
10. Date decesed lest worked at this occupetion (month end yeer)	11. Total time (yeers) spant in this occupation	
2. BIRTHPLACE (city or town) Fell (State or country)	on	Dither Contributory Causes of importence:
13. NAME Mathaniel	Boslich	
14. BIRTHPLACE (city or town) Man	Fielton	Neme of operation
15. MAIDEN NAME Officials	the Katao	Whet test confirmed diagnosis?
16. BIRTHPLACE (city or town)	Filton	Accident, suicide, or homicide?
(State or country)	aware	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AND	6. Thesure	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	1 / 2 P.9m	Menner of injury
Plecel I AN ANY Communication	epsept. 12, 1932	Neture of injury
19. UNDERTAKER Hill of G	Johnson Co.	24. Wes diseese or injury In any wey related to occupetion of deceased?
Valling no Chil	112 - 01	(Signed) Physical M

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Evamula II

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

County	howing	red	1		Registration Di	ist. No. 3	35
Village or Ci	ty Miss of	harpl	eru	NoNodeath occurred in a hospital or institution,	eine ite NAME	St.,	Ward
Length of resid	lence in city of town where	death occurred	yrs,mos				
2. FULL NAM	ME Still	12m	~ V.	Trown			
(a) Residence	e: No	(Usual place	e of shode)	St.,Ward.	If nonresident ai	ve city or town a	nd State
PERSON	AL AND STATIST			MEDICAL CERT			
3. SEX	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	est orth)	2/ (Day)	193 <u>2</u> (Year)
5a. If married, widowe HUSBAND of	ed, or divorced						
(or) WIFE of				22. I HEREBY C			
6. DATE OF BIRTH (month, day, and year)			I last saw h allve on			
7. AGE Year	s Months	0ays	1 day, games.	to have occurred on the date stated abo The PRINCIPAL CAUSE OF DEATH and were as follows:			Date of onset
8. Trade, profess	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc		_				
19. Industry or b	usiness In which			head to	m		
SAW MILI	done, as SILK MILL, - L, BANK, etc	L 11 Total	Aims (vanna)				
	ation (month and	sp	time (years) ent in this cupation				
12. BIRTHPLACE (city (State or count		el		Other Cuntributury Causes of Importanc	e:		
≅ 13. NAME	Randel	Brown	u				
14. BIRTHPLACE	(city or town)	2. >		Name of operation		Data of	
(State of		No		What test confirmed diagnosis?			
15. MAIDEN NAM	NE Madel	ine 13	mr.	23. If death was due to external causes (
16. BIRTHPLACE (State or				Accident, suicide, or homicide?	Da	te of injury	, 19
17. INFORMANT	Randel	Brown	n	Where did injury occur?(S Specify whether Injury occurred in INO	pecify city or to USTRY, in HOM	wn, county and S E, or in PUBLIC I	tate) PLACE.
(Address) 18. BURIAL, CREMATI	ON, OR REMOVAL	andel	0	Manner of injury			
Place	non	Oate Seg	172/ 1932	Nature of injury			
19. UNDERTAKER (Address)	M DSD	anen	74/30	24. Was disease or injury in any way rel	lated to occupati	on of deceased?.	4
0 /	John	10000	Thu	(Signed) Hanella	X Tonas	a Dhill	Links.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			L

V. S. No. 1

HUSBAND of Jule May 6. DATE OF BIRTH (moath, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER SAVYRE, BOOKKEPER, etc. Now was done, as SPINNER SAVYMILL, BANK, etc. 11. Total time (years) Spont in this occupation (moth and profession) SAVYMILL, BANK, etc. 12. BIRTHPLACE (city or town) (State or country) May July 13. NAME 14. BIRTHPLACE (city or town) (State or country) May July 15. MATOEN NAME 16. BIRTHPLACE (city or town) (State or country) May July 16. BIRTHPLACE (city or town) (State or country) May July 17. INFORMANY Address) How And the state of the date stated above, at 11. Total time (years) spont in this occupation Name of operation. What test confirmed diagnosis: New there are an autopsy? Has the state of the state o	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City, Salistury Mary and St. St. Ward Length of residence in city or town wheely death occurred yes mos. de. How long in U. S. If of foreign birth? 2. FULL NAME (a) Residence: No. 115 (Birlineary Mary Mary Mary Mary Mary Mary Mary M	1. PLACE OF DEATH	2020
Village or City, Salistury Mary and St. St. Ward Length of residence in city or town wheely death occurred yes mos. de. How long in U. S. If of foreign birth? 2. FULL NAME (a) Residence: No. 115 (Birlineary Mary Mary Mary Mary Mary Mary Mary M	County Hilomico	Registration Dist, No. 333
Length of residence in city of town when death occurred. 2. FULL NAME (a) Residence: No. #15 (b) PERSONAL AND STATISTICAL PARTICULARS 1. SEX (C) ALOR OR RACE (B) SINGLE, MARKEE, WIDOWED, OR HOUSE OF STRING OR HOUSE OF STRING OR HOUSE OF STRING OR HUSBAND of Journal of State of Country of State of Country) (B) HISBAND of Journal of State of Country of State of Country of State of Country) (B) ATE OF BIRTII (mosth, day, and year) (C) WITE A STRING ONCEPTER, etc. (C) SAME STRING ONCEPTER, etc. (C) STRING BOOKEEPER, etc. (C) STRING BOOKEEPER, etc. (C) STRING BOOKEEPER, etc. (C) STRING BOOKEEPER, etc. (C) STRING COUNTRY	1 Charles 1	Ph 9/11:1=1
(a) Residence: No. #15 (b) Residence: No. #15 (c) Residence: No. #15 (d) Residence: No. #15 (e) PERSONAL AND STATISTICAL PARTICULARS (d) Residence: No. #15 (e) PERSONAL AND STATISTICAL PARTICULARS (d) Residence: No. #16 (d) Residence: No. #16 (e) Residence: No. #16 (e) Residence: No. #16 (e) Residence: No. #16 (f) Residence: No.		death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. ## May Carticulars May Carticulars Medical Certificate of Death Medi		ds. How long in U. S. if of foreign birth?yrs mos ds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. CQLOR OR RACE 5. SINGLE, MARRIED, WIDOWID OR WORKED Country Word) 1. I married, widowed, or decreen MUSE Miles 6. DATE OF BIRTH (moath, day, and year) 7. AGE Years Months Days 1. I Lest side have occurred on the date stated above, at 1.5 mm The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: SAWYER, BOOKKEEPER, etc. 1. Industry or business in which work was done as SIN K MIM SAWYER, BOOKKEEPER, etc. 1. Industry or business in which which work was done as SIN K MIM SAWYER, BOOKKEEPER, etc. 1. Industry or business in which which work was done as SIN K MIM SAWYER, BOOKKEEPER, etc. 1. Industry or business in which work was done as SIN K MIM SAWYER, BOOKKEEPER, etc. 1. Industry or business in which work was done as SIN K MIM SAW MILL, BAIN, etc. 1. I sold lime (years) 1. SIRTHPLACE (city or town) (State or country) 1. I sold lime (years) Was there an autopsy) Was there an autopsy) Was there an autopsy) What test confirmed diagnosis? Planting Date of Industry in the sold in Juny occurs of Importance: Where did Injury occurs of Importance was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicides that the following: Accident, suicide, or homicid	2. FULL NAME Noah James Clark	
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A. CE Vear Months Days If LESS than I day, and year) B. Trade, profession, or particular words or usin. B. Trade, profession, or p		in noncondent give only of town and state
Marke Milk Bakk (cell for country) 193 2 193 2 194 1	V	
HUSBAND of Zulla May and year) 6. DATE OF BIRTH (moath, day, and year) 7. AGE Years Months Days HUES than 1 day. hrs. or win. 8. Trade, profession, or particular for win. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWMILL, BANK, etc. 11. Total time (year) SAWMILL, BANK, etc. 12. BIRTHPLACE (city or town) (State or country) Maydand 13. NAME 14. BIRTHPLACE (city or town) (State or country) Maydand 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Maydand 17. INFORMANY 18. Is and the soccupation (month and year) 19. What test confirmed diagnosis? Where did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury in any way related to occupation of deceased?	OR DIVORCED (write the word)	Rept. 12th 1932
6. DATE OF BIRTH (moath, day, and year) 7. AGE 8. Trade, profession, or particular kind of work done, as SPINNER, fallow for nin. 8. Trade, profession, or particular kind of work done, as SPINNER, fallow for nin. 9. Industry or business in which work was done, as SILK Mindel for the work was done, as the silk of the work was done, as SILK Mindel for the work was done,	5a. If marriad, widowed, or divorced Mary Clark	22 LAFRERY CERTIFY That I attended deserved from
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to have occurred on the date stated above, at 1.3 % m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows. SAWER, BOOKKEPER, etc. A Industry or business in which work was done, as SILK MIRAL SAWER, BOOKKEPER, etc. SAWIEL, BANK, etc. It is occupation (month and permitted and this occupation (month and permitted and perm	S DATE OF DIPTH (mosth day and year) Game . 14. 1878	7 2 1 1 32
8. Trade, profession, or particular kind of work done, as SFINNER. SAWER, BOOKKEPER, etc. SAWER, BOOKKEPER, etc. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (north and year) 12. BIRTIPLACE (city or town) (State or country) Mayland 13. NAME 14. BIRTHPLACE (city or town) (State or country) Mayland 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Mayland 17. INFORMANY Mayland Mayland Mayland Mayland Mayland Mayland Mayland Met test confirmed diagnosis? Planning Was there an autopsy? Myere did Injury occurred in INDUSTRY, in Nome, or nor PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in Nome, or nor PUBLIC PLACE. Name of operation of injury. Mayland Manner of injury. Manner of injury. Manner of injury. Nature of injury. Manuel of occupation of deceased? Manner of injury. Nature of injury. May related to occupation of deceased? Manner of injury. May related to occupation of deceased? Manner of injury. May related to occupation of deceased? Manner of injury. May related to occupation of deceased? Manner of injury. Manner of injury. Manner of injury in any way related to occupation of deceased? Manner of injury in any way related to occupation of deceased?		
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Where did Injury occur? Lettan (Specify/city or town, county and State) 17. INFORMANT the fula may clark (Address) 415 naylor for Salishing Md. 18. BURIAL, CREMATION, OR MOVAL Place Manner of injury draw auto buck cursty Nature of injury draw from the first constant 19. UNDERTAKER Holloway & C. 24. Was diseasa or injury in any way related to occupation of deceased?	I 13. MAIDEN NAME Cuyas () aureur	
17. INFORMANT the fula May Clark (Address) 415 Nay for Jef Salishy Md. 18. BURIAL, CREMATION, OR MOVAL Place Autom Cam. Date 14, 1932 19. UNDERTAKER Holloway & C. 24. Was diseasa or injury in any way related to occupation of deceased?	O 16. BIRTHPLACE (city or town)	
(Address) 415 Raylor for Salisbury Md. 18. BURIAL, CREMATION, OR MMOVAL Place area Common Dat Syst. 14, 1932 Nature of injury Hum from Mich. 19. UNDERTAKER Holloway & Co. 24. Was diseasa or injury in any way related to occupation of deceased?	Su. 10 Jun 100 La	(Specify/city or town, county and State)
Place Parson Com. Date 19. 19. 19. 32 Nature of injury Home from Much. 19. UNDERTAKER Holloway & Co. 24. Was diseasa or injury in any way related to occupation of deceased?	17. INFORMANT Me had May Clarky Med.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
19. UNDERTAKER Holloway & Co. 24. Was disease or injury in any way related to occupation of deceased?	18. BURIAL, CREMATION, OR MEMOVAL	Manner of injury Avry auto trucks crushed
15. ONDERIANELY	Place Date 1, 1932	Nature of injury Steern form Mich
	19. ONDERTAKEN Y	
20. FILED Sept /41932 AMay June (Signed) July M. D.	20. FILED Sept /419 32 Janay June	(Signed) M.D.
Registrar. (Address)	4	(Audiess)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I			Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	APT 8 1022	1915	Attack of epilepsy	1 week ago
Chronie interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.S.	July 5, 1927	Peritonitis	3 days ago
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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infor-

JO should OCCUPA

statement

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritie	1 year
		1	

properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY,

N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(210-m)	119
County Die Suu	eo'	Registration Dist. N	10. 333
Village or City Salvis	1 1	death occurred in a horpital or institution, give its NAME instead	
Length of residence in city or tewn where dea	th occurred mos	ds. How long In U.S. if of foreign birth?	rsds.
2. FULL NAME Stu	6 Harry	Sol.	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give cit;	v or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF	
3. SEX COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the werd)	21. DATE OF DEATH Saff	(Year)
5a. If married, widowed, endiverced HUSBAND ef (or) WIFE ef	paisey	22. I HEREBY CERTIFY, Th.	at I attended deceased from
	waysu.		, 19.3.2; death is said
6. DATE OF BfRTH (menth, day, end year) 7. AGE Years Menths	Days If LESS than 1 day,hrs.	te have occurred en the date stated above, at	7
8. Trade, prefession, er perticular	ermin.	were as fellews:	Date of onset
Kind ef werk done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which werk was done, as SILK MILL, SAW MILL, BANK, etc. O Data deceased last werked at this occupation (month and	venn	They then the	1 6/21/1
Industry or business in which		tibia & libra	a a
werk was done, as SILK MILL, SAW MILL, BANK, etc.	/	tearned fleel	9/241
O 10. Date deceased last werked at this occupation (month and year)	11. Tetal time (years) spent in this occupation		17-4/3
12. BIRTHPLACE (city er town) Putting (State or country) Maying	land	Other Coutributory Causes of importance:	•••••
13. NAME Loly And	sky	m	
E Pilla	inder.	Name of according	Date of Lea
14. BIRTHPLAGE (city er tewn)	ryland	Name of operation	Was there an autopsy
15. MAIDEN NAME hot kny	An Julia Davis	23, If death was due to external causes (VIOLENCE) fill in els	
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	10,0	Accident, suicide, er hemicide?	injury 9/21 1954
S (State or country)		Where did injury occur? / Lef Gant	Lig Klel
17. INFORMANT Haller 9 (Address) Miller	Daisey	Specify whether injury occurred in INDUSTRY, In HOME, er	in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	C / a	Manner of Injury Hilly Cut.	
Place Frontiers took	Date 4/28 ,19 33	Nature of injury and def	Α
19. UNDERTAKER JA B JV	offerman	24. Was disease or injury in any way related te eccupation of	deceased? 10
(Address) Michael	n) FL	If so, specify	[]
20. FILED Sept 28,1932 &	2. May June	(Signed)	Les M.D.
	Registrar.	(Address) Jalla	47

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
for maider name of or	nother	ser letter under a.C. In	X-10/15
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- Age	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 1027	S
1. PLACE OF DEATH	23	U
County Wiccomica	Registration Dist. No. 33-3	12
Village or City aleksling R. F. D.	No. Eastern Shore The Sanatore	Ward
(If Length of residence in city or town where daath occurred	death occurred in a horpital or institution, give its NAME instead of street and read at the low long in U.S. if of foreign birth?mrsmm	
2 8	CIO: A	191
2. FULL NAME MIS Jeo Geanna C	and he had	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 7 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept 25 (Month) (Oay)	, 193 2 (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Harry Elliott (Diseased)	22. I HEREBY CERTIFY, That I attanded	deceased from
6. DATE OF BIRTH (month, day, and year) June 4, 1896.	I last saw has alive on Bey 1 1932	•
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at #Am.	
36 1 1 78 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	Oate ol enset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Oate decased last worked at this occupation (month and the second last worked at this occupation (month and the second last worked at this occupation (month and the second last worked at this occupation (month and the second last worked at this occupation (month and the second last worked at this occupation (month and the second last worked at this occupation (month and the second last worked at this occupation (month and the second last worked at the second last worked last worked at the second last worked last worked last worked last worked at the second last worked last	Dulmonery Tubuculosis	1917
9. Industry or business in which work was dona, as SILK MILL,		021918
SAW MILL, BANK, etc 10. Oate decaased last workad at this occupation (month and 1918) 11. Total time (years) spent In this 5 years occupation.		
12. BIRTHPLACE (city or town) Maylland	Othar Contributory Causes of Importance:	
(State or country)	Couto Heard failure	2 hour
13. NAME Willard Scash,	,	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of	
	What test confirmed diagnosis? Was thera an a	utopsy?
16. BIRTHPLACE (city or town)	23. If daath was dua to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicida?	
(Stata or country) Allahung M.	Whare did injury occur? (Specify city or town, county and State	•)
17. INFORMANT Alexander Shore We Ser.	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PL/	IĆE.
18. BURIAL, CREMATION, OR REMOVAL Place Sulman, Alel Oate 9/4/37, 19	Manner of injury	
19. UNDERTAKER / Al Milly Maron 6. (Address)	24. Was disease or Injury in any way related to occupation of dacaased?	
20. FILEO Slept 4, 1932. J. May Jumes Registrar.	(Signed). Saleshuy, Ma	/M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1	

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy I week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23 10277
County Wich wife.	Registration Dist. No. 333.
Village or City Salis Juny, Wa	Grew Co Line House Com .
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of stress and number) mos
111000	_mosds. How long in U.S. if oI foreign birtb?mosds.
2. FOLL NAME	2 - 1 2 . 0 - 12
(a) Residence: No. (Usual place of abode)	If nonresident give bity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW, OR DIVORCED (write the wo	d) Q- Q- 1933 2
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
C DATE OF DIRECTORY	
6. DATE OF BIRTH (inonth, day, and year) 7. AGE Months Days If LESS ti	
1 day	.hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	theral yeshela
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
0 70, Date deceased last worked at 11. Total time (years)	
this occupation (month end spant in this year) occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Pelugian Feberulnes
II 13. NAME	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jegy, Yen Jayutas (Address) Jalisbury Md.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place still less Dato difft 1, 19.	7.2. Nature of Injury
19. UNDERTAKED TO Selectury and	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Sept 11, 1932 & May June	en (Signed) Colon of the M.D.
	strar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SURRAH V	5			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenterilis	1 year	
		-		

For authorization to correct social Conde	tion see letto.
under "Fisher" 11/8/32	

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

20. FILED Sept - 2, 19

mation should be carefully supplied.

-WRITE PLAINLY.

V. S. No. 1 m See instructions on back of certificate.

of OCCUPA-

Exact statement

of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10278
1. PLACE OF DEATH	93
County Wicomico	Registration Dist. No. 1 333
Village Dr City Saboling B. 7. D.	No Eastern Shore The Agen Burd
	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME My Fannis & &	mith (Gilmae)
(a) Residence: No. Queenstoun m	& St. Ward. Quelenstour
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
B. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temale while married.	(Month) (Day) (Year)
ia. If marriad, widowed, or divorcad HUSBAND of	
(or) WIFE of Horsey Gelmore	22. I HEREBY CERTIFY, Thet I attended decessed from
11 12, 1904 a	,195 -,10 20411 ,195
DATE OF BIRTH (Month, day, and year)	I last saw b. alive on fy f. 19.3 deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
28 6 20 ormin.	The PRINCIPAL CAUSE OF DEATH end ralated causes of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Operator in Sharl SAWYER, BODKKEEPER, atc.	pulmonly Interculosis
SAWYER, BDDKKEEPER, atc. SAWYER, BDDKKEEPER, BDDKK	334201
work was done, as SILK MILL, SAW MILL, BANK, etc.	
1 10 Water deserred last worked at a g 11 Tatal time (upper)	
this occupation (month and 19/3) spent in this 6 mo.	
-2m8	Other Coatribatory Caases of importance:
t2. BIRTHPLACE (city or town)	Thebereular entrestes 7 mo
13. NAME Physics Amith.	
(State or country)	Name of operation
15. MAIDEN NAME Fammie Smalks	What test confirmed diagnosis? Was there en eulopsy?
13. MAIDEN HAME FUNCE Spains	23. If daeth was due to external causas (VIOLENCE) fill In elso the following:
E (State or country)	Accidant, suicide, or homicide?
(State of County)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT DAGGERALLY	Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (Addre	
Place Centerry Levelled Date Teles 4 1932	Menner of Injury
A-1 0 1 1 1 C ()	Nature of injury
19. UNDERTAKER OCOULATO, WESTON	24. Was disease or injury in any way related to occupation of deceased?
(Address) (enlimble ma	If so, specify

Registrar.

(Signad)

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows?	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
OCT 6 1932				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Marrial	Registration Dist. No. 330
Village or City Maroela Forma	
Length of residence in city of town where death occurred yrs mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Vanuel J. Gra	chain
(a) Residence: ND. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Name of the state of the	21. DATE OF DEATH SELFT 30 (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of MINOEWA Traliam,	22. I HEREBY CERTIFY, That I attended deceased from Sept. 25 , 19 32, to Sept 30 , 132
6. DATE OF BIRTH (month, day, and year) Weh 30 1865	l lest saw limalive on Sept 30 1932; death is seld
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, et 2:30mA . M . The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Crronic Interstitial Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	Nephritis
SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month end year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) (Stete or county)	Dther Contributory Causes of Importance:
13. NAME DEVINO Trafacil	Hemorrhage, Apoplexy)
13. NAME DEVINO Grafiaeu 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of What test confirmed diegnosis? Was there en eutopsy?
15. MAIDEN NAME Ellen Elliott	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME COLLEGE 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT MINIERVA Graham.	Accident, suicide, or homicide?
(Address) Mardela Springs, Mil	
18. BURIAL, CREMOVIDA, DR. REMOVAL Place Mar Ca Dete Olt 2, 1932	Manner of injury
19. UNDERTAKER IT & Fravenor Vico (Address) Charptown, mit	24. Wes disease or injury in any wey related to occupation of deceased? NO If so, specify
2D. FILED Det 1 182 My Cameliany Registrar.	(Signed) 6 Co Clapke M. 5. (Address) Mandela Horry M.
If more blanks are needed address State Perioder	N. Charles Court Politics Program (F) C N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.3.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEME	ENTS BY	PHYSICIAN
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BUREAU V. g.			
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ADDITIONAL SPA	ACE FOR FURTHER SI	ALEMENTS BI PH	ISICIAN

SINDING	ERMANEN	EXACTL	classified.	d
FOR 1	IS A P	stated	properly	rertificat
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	mation should-be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate
V. S. No. 1	N. B.—WRITE PLAINLY,	mation should be car	CAUSE OF DEATH	TION is very imports

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County micomico P. St. H	ospital Salisbury Registration Dist. No. 333
Village or City Salisbury	No mol.
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death accurred	ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John 6. Drees	e de la companya de
(a) Residence: No. Mars alistured and	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male White Widowell	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. / A HEREBY CERT1FY, That I attended deceased from
(OT) WIFE OF Miss. Nature I. Streene	John 1 1932 to John 8 1932
6. DATE OF BIRTH (month, day, and year) Whil 14 - 1857	I last saw h alive on July 8 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at // am.
75- 4 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc. Jasmer	0
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	
work was done, es SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked et this occupation (month and year) year)	
P. ·	Dther Coutributory Causes of importance:
12. BIRTHPLACE (city or town) . Wyncess UMM! (State or country)	aldina of hings
The state of the s	T+
14. BIRTHPLACE (city or town) Princess anney	
(State or country)	Name of operation
	What test confirmed diagnosis?Was there an autopsy?
15. MAIDEN NAME Seneretta Christopher 16. BIRTHPLACE (city er town) Princesa Anne	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Somether Using (State or country) Somether Co. 7	Accident, sulcide, or homicide?
(State or country) Somerset Co. M	Where did injury occur?
17. INFORMANT The odisard N. Dreine	Specify whether injury occurred in INDÚSTRY, In HOME, or in PUBLIC PLACE.
(Address) Salisting md, 18. BURIAL, CREMATION, OR REMOVAL	
Plece allen com Date Sept 9, 1932	Manner of injury
2. 11.11. O. B. ar- n-	Nature of injury
19. UNDERTAKER AND	24. Wes disease or injury in any way releted to occupation of deceased?
Can and and	If so, specify Sulishing)
20. FILED Sept. 7, 1932 L. May June	(Signed) M. D. (Address) M. D.
Registrar.	(Audioss)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory cluses of importance?	
Gallstones	May 1,1923	Gastroenteritis BUORATIVE	1 year
			*

BINDING

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RECORD

PHYSIstated EXACTLY, P properly supplie torm see Ins plain Se carefully important. Information should be state CAUSE OF DEAT Ö of should CIANS should statement of

County Village or Ci	TE OF DEATH	1	92:00	STATE OF MARYLAND 282 CERTIFICATE OF DEATH Registration Dist. No. 222 St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
	ULL NAME JOANNE	Wesley Bunt	#	stend of street and number.) CAL CERTIFICATE OF DEATH
3 SEX Male	Weite	5 SINGLE, MARRIED, MARVILL WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	(Month) (Day) (Year)
6 DATE OF B	MRTH Leg	/2 , 1857 (Day) (Year)	Wat I last saw he	192 2 to 27, 1923
7 AGE	81 yrs. /	mos. /7 ds. or min.?		ATH * was as follows:

8 OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed cr (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER ARENT (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) MY KNOWLEDGE

Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the

(Duration)

(Duration)

At place Where was disease contracted, if not at place of death?

usual res.dence

Contributory

Secondary

(Signed)

Former or

(Year) deceased from 9 , 19243.2

(Approved by U. S. Census and American Public Health Association.)

er," ett., www.loborer, 1 fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Munager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: " additional line is provided for the latter statement : it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil angineer, Stationary framen, etc. But in many the first line will be sufficient, e g. . Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, so that the relative health Statement of Occupation- Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. Housemaid, etc. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Or especially in industrial employments, it is neces-At without more precise specification as Day Home, and children, (b) Automobile factory. The material (a) the kind of work and also (b) the If the occupation has been changed Loborer--Coal mine, etc. Wom-Locumotive engineer, not gainfully em-(8) Grovery;

Statement of Cause of Dearth—Name, first, the disease Causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Carebrospinal fever* (the only definite synonym is *Epidemic cerebrospinal meningitis*); *Diphtheria* avoid use of *Croup**, Typhoid fever* (never report *Typhoid Insurania* *Pneumonia.*)

"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., seisis, tetanus) may be stated under the head of "contributory" or as probably such, if impossible to determine deficitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICI AL. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be approved (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY y.d Committee on "Heart failure," "Haemorrhage, Chronic Example: Measles (disease etc. valvular heart disease, Nomenclature The contributory

If this certificate is looked over thoroughly and all que tions answered in detail, it will prevent further correspondence. ... the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH County Meaning of the Cou	STATE OF MARYLAND	CERTIFICATE OF DEATH 10283
Village Dr City. Sallicabury. (If death secured in a hospital or institution, give his NAME instead of street and number) (a) Residence: No. 10 H	1. PLACE OF DEATH	92-0
Length of residence in city or town where death occurred. It was not to the control of the contr	County Miconics	Registration Dist. No. 333
2. FULL NAME (a) Residence: No. 1004 Anderso (Qualphee of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SIX (b) COLOR OR PACE S. SINCE, MARRIED, WIDOWSD. S. III married, widowed; or divorced (or) WITE (Logority) S. III married, widowed; or divorced (or) WITE (Logority) S. III married, widowed; or divorced (or) WITE (Logority) S. DATE OF BIRTH (month, day, and year) 7. AGE Years Months, 10 Jay 11 Jast Saw Months, 12 Jay 13 Jay 13 Jay 14 Jay 15 Jay 16 Jay 17 Jay 18 Jay 19 Jay 19 Jay 19 Jay 10 Jay 11 Jay 12 Jay 13 Jay 14 Jay 15 Jay 16 Jay 17 Jay 18 Jay 19 Jay 19 Jay 10 Jay 11 Jay 12 Jay 13 Jay 14 Jay 15 Jay 16 Jay 17 Jay 18 Jay 18 Jay 19 Jay 19 Jay 10 Jay 10 Jay 10 Jay 10 Jay 10 Jay 11 Jay 12 Jay 13 Jay 14 Jay 15 Jay 16 Jay 17 Jay 18 Jay 18 Jay 18 Jay 18 Jay 18 Jay 19 Jay 19 Jay 10 Jay 10 Jay 10 Jay 10 Jay 10 Jay 10 Jay 11 Jay 12 Jay 13 Jay 14 Jay 15 Jay 16 Jay 17 Jay 18 Jay 18 Jay 18 Jay 18 Jay 18 Jay 19 Jay 10 Jay	Village or City Saliabary	
(a) Residence: ND. / O	Length of residence in city or town where death occurred 3 / yrs. Vmos	ds. How long in U.S. if of foreign birth?mos ds.
Charle place of shode PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX	2. FULL NAME () STENSON	
3. SEX. A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DYNGKED Comic theyord) S. 1.1 married, videwedly of deverted (10) wife of (10) wife	(Usual place of abode)	If nonresident give city or town and State
Sa. II married, widowest, or divorced HUSBAND G. Condith). Chay: Sa. II married, widowest, or divorced HUSBAND G. Condith). Chay: (For WIFE of MANNE G. L.		
6. DATE OF DIRTH (month, day, and year) 7. AGE 7. AGE 7. AGE 8. Trade, profession, or particular kind of work done, as SPINNER, Continuation or min. 8. Trade, profession, or particular kind of work done, as SPINNER, Continuation or min. 8. Trade, profession, or particular kind of work done, as SPINNER, Continuation or min. 8. Trade, profession, or particular kind of work done, as SPINNER, Continuation or min. 9. Iduality or business in which was done, as SILK MILL, SAW MILL, BAHK, etc. 10. Profession of the date stated above, at 17.25 km, his. and the control of the date stated above, at 17.25 km, his. and the control of the date stated above, at 17.25 km, his. and the have occurred on the date stated above, at 17.25 km, his. and the have occurred on the date stated above, at 17.25 km, his. and the have occurred on the date stated above, at 17.25 km, his. and his. and the have occurred on the date stated above, at 17.25 km, his. and h	Male Thice OR DIVORCED (write the good)	-less. 73 193 V.
TAGE Years Months Days If LESS than 1 I day. https://dx.com/dx.c	5a. If married, widowed, or divorced HUSBAND of MAND (or) WIFE of MAND G. Whose	
8. Trade, profession, or particular or rain. 9. Trade, profession, or particular or rain. 10. Trade, profession, or particular or rain. 11. Trade time (years) and the work of a particular or support or rain. 12. BIRTHPLACE (city or town) or rain. 13. MAME Of A PARTICULAR OF Towns, or particular or rain. 14. BIRTHPLACE (city or town) or rain. 15. MAIDEN NAME Market or country) What test confirmed diagnosis? Was there an aulopsy? 16. BIRTHPLACE (city or town) or rain. 18. BURIAL, CREMATION OF Trade or country or rain. 19. UNDERTAKER of Alle or rain. 20. FileDulph 2., 19. Date of rain. 21. Transfer or rain. 22. Vas disease or Injury in any way related to occupation of deceased? 22. Vas disease or Injury in any way related to occupation of deceased? 22. Vas disease or Injury in any way related to occupation of deceased? 22. Vas disease or Injury in any way related to occupation of deceased? 23. File of Date of Injury. 24. Was disease or Injury in any way related to occupation o	6. DATE OF BIRTH (month, day, and year) May 13, 1867	
8. Trade, profession, or particular Rind of work done, as SPINNER, Continuous Divides Sanvers, BODKREPER, etc. 9. Industry or business in which work was done, as SI K MILL, SAM MILL, BARK, etc. 12. BIRTHPLACE (city or town) (Slate or country) 13. NAME 14. BIRTHPLACE (city or town) (Slate or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Slate or country) 17. INFORMANT 18. BURIAL, CREMATION, DR REMOVAL 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 20. FILEDURAL 19. OF A SAM SAM SAM SAM SAM SAM SAM SAM SAM S		
S. Trade, profession, or particular kind of work done, as SPINNER. Continued Duildly suffringed by the down of months and society or business in which work was done, as SILK MILL, SAWYER, BODKKEPPER, etc. 9. Interpretable of the work was done, as SILK MILL, SAWYER, BODKKEPPER, etc. 12. Dire deceased last worked at glass of the work was done, as SILK MILL, SAW MILL, BARK, etc. 12. Dire deceased last worked at glass occupation of the control of the co	1 1/- 1/1/	A College of the coll
12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAL (Address) 18. BURIAL, CREMATION OR REMOVAL (Address) 19. UNDERTAKER 10. City or town) (Signed) 10. Contributory Causes of Importance: Name of operation	8. Trade, profession, or particular kind of work done, as SPINNER, Contactor Builder	11 Am Chal
12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAL (Address) 18. BURIAL, CREMATION OR REMOVAL (Address) 19. UNDERTAKER 10. City or town) (Signed) 10. Contributory Causes of Importance: Name of operation	9. Industry or business in which work was done, as SILK MILL,	
Other Contributory Causes of Importance: Proceedings of Country 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVE Place 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 20. FILED 10. FILED 11. INFORMANT 12. USE Country 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 18. BURIAL, CREMATION, DR REMOVE (Address) 19. UNDERTAKER 19. UNDERTAK		<u></u>
(State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (State or country) (State or country) (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of injury 19. UNDERTAKER (Address)	1	D A
What test confirmed diagnosis? Was there an aulopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION DR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER 20. FILED 19. INFORMANT 21. Was disease or Injury in any way related to occupation of deceased? 22. If death was due to external causes (VIOL ENCE) fill in also the following: 23. If death was due to external causes (VIOL ENCE) fill in also the following: 24. Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER	(State or country) Mania	Musholis
What test confirmed diagnosis? Was there an aulopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION DR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER 20. FILED 19. ON The Country What test confirmed diagnosis? Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occur? Specify whether injury occur? Specify whether injury occur? What test confirmed diagnosis? Accident, suicide, or homicide? Specify whether injury occur? Specify whether in	II 13. NAME (Tha) (Mason	
What test confirmed diagnosis? Was there an aulopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION DR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER 20. FILED 19. INFORMANT 21. Was disease or Injury in any way related to occupation of deceased? 22. If death was due to external causes (VIOL ENCE) fill in also the following: 23. If death was due to external causes (VIOL ENCE) fill in also the following: 24. Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER	14. BIRTHPLACE (city or town)	Name of operation Date of
17. INFORMANT MASSELLA THE MASS	(State of country)	What test confirmed diagnosis? Was there an autopsy?
17. INFORMANT MASSELLA THE MASS	15. MAIDEN NAME MAIDEN NAME	
17. INFORMANT MASSELLA THE MASS	[16, BIRTHPLACE (city or town)	
17. INFORMANT MARCH Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Saluabuly, 3nd. 18. BURIAL, CREMATION, DR REMOVAL Place LILL MARCH Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or Injury in any way related to occupation of deceased? 15 so, specify (Signed) (Address) (Address) M. D. (Address) M. D. (Address) (Address) M. D. (Address)	(State or country) (My My	(Specify city or town, county and State)
Place aller, MA. Date 9/17/37/19 Nature of injury 19. UNDERTAKER I Shift Marker Co. (Address) Salishury MA. (Signed) (Signed) (Address) M. D. (Address) M. (Add	11/1/20	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
19. UNDERTAKER I Selection of deceased? 200 (Address) Salishung M 20. FILED Sept 2, 1932 & May January (Signed) (Address) Alexander M. D. (Address) (Address) Alexander M. D. (Address) Alexander M. D. (Address) Alexander M. D.	18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
19. UNDERTAKER 1 A FRANCE STATE OF THE STATE	Place LULY / Nate 1/1/13/19	Nature of injury
20. FILED Slept 2/, 1932 & May Trust (Signed) Hill with M. D. Registrar. (Address) Antistung und		24. Tras disease of injury in any way related to occupation of deceased?
V	20. FILED Sept 27, 1932 & May Turner	(Signed) July Unit

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGALL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARTLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Miconico	Registration Dist. No. 333
Village or City M. Salishury	No. 8.7.4 St., 9 Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsm	os. ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / MARKY Johns	Mason
(a) Residence: No. M. Salishury M.	St., G Ward.
(Usual place of shode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVERCED (awrite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of	22. I HEREBY CERTIFY. That attended deceased from
(or) WIFE of Valuson Warson	192119 to 8el 129 1932
DATE OF DIPTURE A 18/01/	l last saw h alive on 19 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 7/10 frm.
1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, A Nome! SAWYER, BDDKKEPER, etc.	M. 2000 00 11: 19)
	Jear day 1/c
Work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and	
year) occupation	Dther Coutributory Causes of Importance:
2. BIRTHPLACE (city or town)	Single States of Importance.
(State or country) / Allfland	
13. NAME Thomas C. Hilghman	
14. BIRTHPLACE (city or town)	Name af operation Dete of
1 (otate of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sally Palk	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Miss Margaret Strion	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place Allahung, Md. Date 10/1/3 V, 19	Nature of injury
O HADESTAND TO Will & Whaten Co.	24. Was diseasa or injury In any way related to occupation of deceased?
19. UNDERTAKER SUS AMAZINA A STANLON CO. (Address) Falix March, M. J.	If so, specify
(N-11) 22 10 10 01	(Signed) Meronier M. D
20. FILED CT 1, 19 Dt May, Mills Registrar.	(Address) Sulsalary
The state of the s	11, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago	
5000				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10285
1. PLACE OF DEATH	210-9
County Niconico	Registration Dist. No. 333
Village or City Sahihung Md.	No. P.S. Hyeyels St., 13 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town when death occurredyrsmos	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Charles Cayant for	
(a) Residence: No. 401. E. Irlust et. Salety	Md. 13 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Augst. 13 (Mg/th) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Caral P. Jones (or) WIFE of	
(or) WIFE of Caral	22. STEREBY CERTIFY, That I attended deceased from 1932 to 1932
6. DATE OF BIRTH (month, day, and year) aug. 16. 1870	I last saw h alive on July 3 1982; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.05 Pcm.
(2) 1) 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, Jahren, SAWYER, BODKKEEPER, etc. 9. Industry or business in which	finding lungs
9. Industry or business in which	Joseph Mary
UCL Park was dona as SII K MIII III	
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 1432) 11. Total time (years) spent in this	
year) Regist 12.1436 occupation	Other Cantributory Causes of importance:
12, BIRTHPLACE (city or town)	Prelimman humbery
(State or country) mgines	
13. NAME William J. Jones	
14. BIRTHPLACE (city or town) Rooman Co.	Name of operation
(State or country) Mayland	What test confirmed diagnosis?
15. MAIDEN NAME Hester OEvell	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Hester Olivell 16. BIRTHPLACE (city or town). Something Control of the control	Accident, suicide, or homicide lice dest Date of injury 4 12, 1932
(State or country) Mayland.	Where did injury occur Du Olean Coly Road
17. INFORMANTILLIA BARLER, a	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
(Address) 205 E. Mine et. Salisty My.	Proble Road
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Livo auto andes crashed
Place are one Cem. Date Syst. V/101932	Nature of injury Cursled chest thing furthered lang
19. UNDERTAKER Hollogray & Co	24. Was disease or injury In any way related to occupation of deceased?
(Address) Jahrty Mayland.	If so, specify
20 FUED Sept 16,32. At May Jum	(Signed) M.D.
20. FILED SIGNATION S. J. J. May Jums. Registrar.	(Address) Salishing hers
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

MARGIN RESERVED FOR	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A I	mation should be carefully supplied. AGE should be stated	CAUSE OF DEATH in plain terms, so that it may be proper
IARGIN RE	UNFADING 1	upplied. AGE	terms, so that
	VLY, WITH	e carefully si	TH in plain
1	-WRITE PLAIN	mation should b	CAUSE OF DE
V. S. No. 1	N. B.	7	1

5 IAIE OF MARYLAND—	CERTIFICATE OF DEATH
County Meonics	(210-9) Bosishantian Diah Ma 333
Village or City Salisting, Maryland	Registration Dist. No. No. PLO: ## 3 St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME agnes Isychim (a) Residence: No. ORO.#3 Saladam, M. (Usual place of abode)	St., 5 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 193 2 193 2
5a. 11 married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 19
6. DATE OF BIRTH (month, day, and year) March 28, 1921 7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town)	Salisland - Allman While - an Date of onset Wasimment County wohile crimaing Noved - left leg low lown alread and believe Monte - right leg above Other Contributory Course of importance:
(State or country) 13. NAME	Name of operation Date of one of diagnosis? Was there an autopsy? he
15. MAIOEN NAME Blanche Helley. 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mrs. Blanch Bette	23. If death was due to external causes (VIOLENCE) fill in also the lollowing: Accident, suicide, or hornicide? Where did injury occur? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) PD-#3. Salusting Maryland 18. BURIAL, CREMATION, OR REMOVAL Place account com. Maryl. 25, 1932	Manner of injury Hit by Continuely le Neture of injury limber lenders body crushed, with
19. UNOERTAKER Holloway + to. (Address) Salislay mayland.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed), S: 74
20. FILEO Selfis -, 19 De	(Address) Scalading macoflored

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

	ADDITIONAL	SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING PLAINLY, WRITE

S. No. 1

N. B.-

PLACE OF DEATH County Men co	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or lity Solisby (No. Ocean	Registration Dist. No. 33 St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
2FULL NAME Still form) Jus	ucu stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH St. 2/, 197 (Wonth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE O yrs. O mos. O ds. or or min.?	and that death occurred on the date stated above, atm.
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	Secondary Duration Duration M. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country).	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informant) Cruest Justice)	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Salisbury, Ind. 15 Filed Sept 22,19232 & May Junes Registrar	Deaver Dam, Md. Sept 22, 1932 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V.S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., should be used only when necded. As examples: (a) additional line is provided for the latter statement; if sary to know whatever, write None. business, that fact may be indicated thus; Furmer (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Nervoul, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The insteria Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g. . Farmer or Plunter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day (a) the kind of work and also (b) the -Coul mine, etc. Wom-3 Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopnoumonia ("Pneumonia,")

(Recommendations on statement of cause of approved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid inges: perilonoeum, etc., Carcinomo, Sorcoma, etc., of American Medical Association.) telanus) may be stated under the head of "contributory." curbolic acid-probably suicide. The n ture of the injury accident; Revolver wound of head-homicide: Poisoned by "PUERPERAL septicuemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-Examples: A ceidental drowning; Struck by roilway troinand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Atrophy" "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; Chronic affection need valvulor heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.

	STATE) F MAR	YLAND-	CERTIFICATE OF DEATH 102	58
1. PLACE OF DE	_			(31)	***
County /	price	d		Registration Dist. No.	333
Village or City	Jalus	uny	Α	No. Yen Yen Hospitaly	13 Ward
Length of residence in	ait for town where	doath courred	/rsmos	death occurred in a hospital or institution, give its NAME instead of street and nutricular death of the deat	
	of and) /	1:00	now long is 0.3.11 of foleign billing:	·us
2. FULL NAME	Nuau	ev (Nuco		
(a) Residence: No.		(Usual place	of abode)	St., Ward. If nonresident give city or lown and S	tale
PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4COI	OR OR RACE	5. SINGLE, MAI	RRIED, WIDOWED,	21. DATE OF DEATH	
male a		OK DIVORCE	D (write the word)	(Month) (Oay)	193 (Year)
5a. If married, widowed, or di HUSBANO of					
(or) WIFE of	ale d.	wa		22. HEREBY CERTIFY that I ettended do	eceased from
DATE OF BIRTH (4			67.	death is seid
6. DATE OF BIRTH (month, of AGE Years	Months	Oays	If LESS than	to have occurred on the date steted above, atm.	nearn 12 2ein
36			1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or	particular	1	ormin.	were as follows:	Date of onset
kind of work don SAWYER, BOOKK	e, es SPINNER, EEPER, etc			myoradità	of west
9. Industry or business work was done, e SAW MILL, BANK	in which s SILK MILL,	00			
kind of work don SAWYER, BOOKK 9. Industry or business work was done, e SAW MILL, BANH 10. Date deceased lest w		11 Total	time (yeers float	////	
this occupation (n	nonth end	sps	nt In this upation		
	40-		_	Other Contributory Causes of importence:	
2. BIRTHPLACE (city or tow (State or country)	Down T	in		Colome a Sette - the bear	7/. 3
13. NAME	Dan T	B			
14. BIRTHPLACE (city or	town 1002	7 6		Name of operation Date of	
(State or country)		<i>E</i>		Whet test confirmed diagnosis? Was there an eu	tonsy?
S 15. MAIOEN NAME				23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:	
15. MAIOEN NAME 16. BIRTHPLACE (city or	town) /			Accident, sulcide, or homicide? Dete of injury	19
(State or country			٠,	Where did injury occur?	
17. INFORMANT	neuls.	Yenes	as Hanti	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	DE.
(Address)		me 6	ma/		
8. BURIAL, CREMATION, OR	REMOVAL	(201	11 . 30	Manner of injury	
Placefulle	1) P-1	Date_	10-	Neture of Injury	
19. UNOERTAKED	14/18	ewor	E-	24. Wes disease or injury in any way related to occupation of deceased?	مرا
(Address)	el ly	ups.	ma	If so, specify	
20. FILEO SEAS D	, 19 32 - 6	May	Jumes	(Signed) (lland)	M. D.
		1	Registrar.	(Address)	ula

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
		\\		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10289
1. PLACE OF DEATH County County	Sied about tregistration Dist. No. 333
Village or City Salesbyry (16	No. Person Hand Cospilal St, 13 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. it of foreign birth? yrs mos ds.
2. FULL NAME Cana Sparte	n second
(a) Residence: No. / Lewa Seg. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Youth) 193 (Year)
5a. Il married, widowed, or divorced HUSBAND of (or) WIFE of Mev. w. martin	22. I HEREBY CERTIFY. That I attended deceased from ,19 ,19 ,19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 1 f LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Ceritonies from
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and yoar)	Jallaren acuti Colitis
12. BIRTHPLACE (city or town) (State or country)	Ther Ceatributory Causes of Importance: Caute Tufhruis
13. NAME Saufson West. 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Rossin Parker.	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (Aberra Sarker. 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
17. INFDRMANT TWO ACCUSES (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mewash, Md Date Sept. 8, 19.32	Manner of injury
19. UNDERTAKER W. Bers Sage. (Address) Durlin mid,	24. Wes disease er injury In any way related to occupation of deceased? If so, specify
20. FILED Sleft 7, 19 3 May Mundle Registrar. If more blanks are needed, address State Registrar.	(Signed) M. D. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ano	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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V. S. No. 1

STATE OF MARYLAND—	
1. PLACE OF DEATH	10290
county elegrico	Registration Dist. No.
Village or City Salestrese A. TO.	NoSt., 33,3 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign blrth?yrs mosds.
2. FULL NAME Margrett & hel	son
(a) Residence: No. (Usua blage of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Color or RACE OR DIVORCED (grize the word)	21. DATE OF DEATH (Month) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 8- 5-1899	l last saw harmalive on 9 11 3 2 19 death is said
7. AGE Years 53 Months Days If LESS than	to have occurred on the date stated above, at
1 2 I day, hrs. or main.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade profession or particular 0	Calourum of breest Date of onset
kind of work done, as SPINNER, hause Work SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spent in this	
9. Industry or business in which work was dona, as SILK MILL,	
SAW MILL, BANK, etc.	
year) occupation	Other Contributory Causes of importance
12. BIRTHPLACE (city or town) Mary Caud (State or country)	Texterester
I 13. NAME NO Records	Λ
14. BIRTHPLACE (city or town)	Name of operation Second of bear Date of Seas 1930
(State or country)	Whet test confirmed diagnosis? Lucaracefra Was there an autopsy? 200
15. MAIDEN NAME and line loa born	23. If death was due to external causes (VJOLENCE) fill in also the following:
E	Accident, suicide, or homicide? Date of Injury 19
16. BIRTHPLACE (city of town) (State or couptry)	Where did Injury occur?
17. INFORMANT Sauguel Johnson	Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Delman 12 7 3	
Place Mar Rause Dete 9/10, 1932	Manner of injury
11011	Neture of injury
19. UNDERTAKER A D MEGGIN	24. Was disease or injury in any way related to occupation of decessed?
(Address) (Suns) Orly	If so, specify
20. FILED Slot 4, 1932. It May Jurner	(Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	49	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
THE 9 100			

ADDITIONAL	SPACE	FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN

S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10291
1. PLACE OF DEATH	
County Milomico	Registration Dist. No. 33.3
Village or City Salisbury Md.	No. 664 Brown St., 5 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William a. nif	lett
1 0	and 5
(a) Residence: No. 6 9 Stown A Salary (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OF SIVORED (write the word)	21. DATE OF DEATH Sept. 21 (Months (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Control HUSBAND of Con	(month) (bay) (fear)
(or) WIFE of Elina are Mitat	22. HEREBY CERTIFY, That I attended deceased from
1 6 - 2 1852	197, 10, 19
6. DATE OF BIRTH (month, day, and year) lung. 2. 1852	I last saw harmalive on 1934; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
80 / 9 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	The Melong / face /h
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spant in this	
this occupation (month and spent in this occupation	
	Other Costributory Causes of importance:
12. BIRTHPLACE (city or town) Mayland.	from the state of
I have the state of the state o	
E	7
[State or country]	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Maria Parker 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Marylanel	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Ida Multily	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 604 / Stown AT. Jaketry HA	+ 1 _
Place as one less of leget. 23,1937	Manner of Injury
91 01	Nature of Injury
19. UNDERTAKER Holloway & to. (Address) Jaluty Mayland	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Slept 22,1932 V. May Turner Registrar.	(Signed) M. D
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1915 1921	of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
		1 week ago
1921		
	Run over by street car	1 week ago
uly5,1927	Peritonitis	3 days ago
	Other contributory courses of immertance	
Inu 1 1993		1 year
2,1020	3 CO.	1 year
	dy 5,1927	Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	CIA	AN
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V. S. No. 1

N	item of infor-	should state	of OCCUPA.	1
	N. BWRITE PLAINLY, MITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
MAKGIN KESEKVED FOR BINDING	ERMANENT	EXACTLY	y classified.	te.
D FOR	IS IS A P	be stated	be properly	of certifica
ESERVE	INK-TH	E should b	at it may b	s on back o
AKGIN K	UNFADING	pplied. AG	terms, so th	instruction
W. I	Y, MITH	carefully su	H in plain	TION is very important. See instructions on back of certificate.
	E PLAINL	should be	OF DEAT	s very impe
V. E. 140. 1	BWRIT	mation	CAUSE	TION i
	Z	7	1	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10292
1. PLACE OF DEATH	
County Wicomiso	Registration Dist. No. 337
Village or City Manticoke	No. St., Ward
Length of residence in city or town where deeth occurred 65 yrs	death occurred in a hospital or institution, give its NAME instead of street and number)
1 + 21 +1	
2. FULL NAME Justialus & fulle	
(a) Residence: No. Structed Ind	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
M. Col. OR DIVORCED (registe the short)	(Moodi) (Day) (Year)
5a. If married, widowed, or divoyed HUSBAND of	
(or) WIFE of Averta Muttee	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	I lest saw h alive on Suff 8 ,19.32; death is said
7. AGE Years Montal Pays If LESS than	to have occurred on the date stated above, at 5.P.m.
65 2 7 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	Date of onset
kind of work done, es SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (manph And	
9. Industry or business in which work wes done, es SILK MILL,	Rectum
SAW MILL, BANK, etc	
O 10 Date deceased last worked at this occupation (month) and 93/ spant in this year)	
wanter to the transfer of the state of the s	Other Centributery Causes of importance:
12. BIRTHPLACE (city or town) / authority (State or country)	
13. NAME Wesekish Mutte	
13. NAME Blackeah Mutter 14. BIRTHPLACE (city or town) Manticope	Neme of operation Dete of
(State or country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Laura & Mutter	23. If death wes due to externel ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Laura Mutter 16. BIRTHPLACE (city or town) Manticology of	Accident, suicide, or homicide? Date of Injury, 19
E (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Abelita Mutter 1	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Mauticabl ma.	
18. BURIAL, CREMATION, OR BEMOVAL Place Tantion Dete Dete 12,1932	Manner of injury
1000 - pur 1000 - 1000	
19. UNDERTAKER ATO SO Repsiek Bou's	24. Wes disease or injury in eny way related to occupation of deceased?
(Address) Zwalse Md	If so, specify (Signed) (Signed)
20. FILED CAY 10, 1932 To Woolford Walter Registrar.	(Signed) Authority M. D. (Address) Number of Authority A
· · · · · · · · · · · · · · · · · · ·	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of anset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURNAS V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

STATE OF	MARYL	AND-	CERTIFIC	CATE	OF	DEATH
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-0	11	9	0	3
1	V	4	J	3

1. PLACE OF DEATH	950
County Willowies	Registration Dist. No. 333
Village or City Salisbury Marylan	ND. R.D. 4. St., 8 W.
	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurrenyrs.	mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME any C. Tark	
	Marylandst, & Ward.
(Usual place of abode	4
PERSONAL AND STATISTICAL PARTICULA	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WORKED (swrite	
Male White Marie	(Month) (Day) (Year
5a. If married, widowad, or divorcad HUSBAND of	22. I HEREBY CERTIFY, That Lattended dacaased
(or) WIFE of Rosa M. Packer	Jun 15 1932 10 11/18 18 195
6. DATE OF BIRTH (month, day, and year) here 13. 18	P65 Plast saw h. ni alive on School 18 1952 deeth is
	LESS than to have occurred on the date stated above, at 42. m.
	Y,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or portiouler	min. were as follows: Date of o
Kind of work done, as SPINNER, Fraum	Myocarditis
Industry or business in which	
SAW MILL, BANK, etc	
O 10. Date dacaased last workad at this occupetion (month and spent in this	irs)
year) occupation _	Othar Contributary Causes of importance;
12. BIRTHPLACE (city or town) N.W. #4. Salester	1. Pulmer of dun
(State or country) Manyland,	
13. NAME Juni M. Parte	
14. BIRTHPLACE (city or town)	Name of operation
(Stata or country) Manyland	What test confirmed diagnosis? Almuse Was there an autopsy?
15. MAIDEN NAME Chiya & Jolijeha	23. If daath was due to external causes (VIOL ENCE) fill in also the following.
16. BIRTHPLACE (city or fown)	Accident, suicide, or homicide? Date of injury, 19
E (State or country) Mayland	Where did injury occur?
17. INFORMANTE Rosa M. Parfler (Address) R.D. # 4. Sality May la	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. AURIAL CREMATION, DR REMOVAL	Mannar of injury
// bornes Mensona / Date Dept.	26,19 32 Natura of injury
Hallowan + lx.	24. Was disease or injury in any way related to occupation of deceased? 250
19. UNDERTAKER / The Maryland.	If so, specify
161.1-10 BD (Ma O)	Million Gara
20. FILED 8 41 20, 1903 2. 8. 900 My SM	Registrar. (Addrass) Sixta Man

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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item

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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	Example 1	And the second	Example II	
The principal caus of importance wer	se of death and related causes e as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerasis	The second secon	1915	Attack of epilepsy	1 week aga
Chronic interstitial	nephritis-	1921	Run over by street car	1 week aga
Cerebral hemorrhage	J.	July 5, 1927	Peritonitis	3 days ago
	OCT 8 1982			
Other contributor	y causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

state occupation at legioning of Blue at it retired from gaged in Comestic service for wages a Servant, Cook ployed, at At school or At home. Care should be taken definite alarya, may be entered a House ije, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer Farm laborer, Luborerer," etc., Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocory; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil cagineer, Stutionary fromen, etc. But in many Physician, Compositor, Architect, Locomotive engineer. the first line will be sufficient, e. g., Fermer or Planter tion applie, to each and every person, irrespective of fulness of various parsuits can be known. The ques capation is very important, so that the relative health whatever write None. business that thet may be indicated thur: Farmer (reor given up an account of the pastan cauntae DEATH, to report specifically the occupation worked on may form par, of the second statement (a) Foreman. (b) Automobile factory. The material Housemant sic. Statement of Occupation - Precise statement of oc For many occupations a single word or term on specially in inclus rial employments it is neces-At Home, and child en, not cainfully emwithout more precise specification as Day For persons who have ne occupation If the occupation has been changed -Ceal mine, etc. Wom-As vaniles: (a) of persons ca-

EASE CAL INDEASE (THE PRIMARY Affection with respect to time and causation), using always the mane accepted term for the came disease. Examples: Cerebrospinal fever the only definite synanym is "Epidemic cerebrospinal en mingitis"); Diphth via (avoid us of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar paccononia, Broachopneumonia ("Pneumonia,")

conditions such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignant neoplasms); mges, peritonacum, etc., Carcinoma, Surcoma, etc., of (name origin; "Cancer" is less definite; avoid as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or discases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustica," "Heart symptomatic), "Atrophy," "Collapse," eausing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menquences (e. s., sepsie, tetanus) may be stated under the Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis," "Uraemia." "Weakness," etc., when a definite disease vulsions." (secondary or intercurrent) affection need not be ment of cause of death approved by Committee on head of ture of the injuty, as fracture of skull, and conse Nomenclature of the American Medical Association.) Poisoned by carbalic acid-probably suicide. The na-Whooping -aerident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." cough; "Debility" ("Congenital," "Scnile," etc.), Chronic valvulur heart discase; (R. commendations on state Example: Measles failure." "Haemor-"Coma," (second-(disease "Con-

If this certificate is 10 led over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

of OCCUPA.

1	STATE OF MARYLAND	CERTIFICATE OF DEATH 10296
	1. PLACE OF DEATH	(3)
2	County///clamics	Registration Dist. No. 333
1	Village or City Salestons Maryland	No. 213 Elizabeth St., 5 Ward
	Length of residence in city or town while death occurred 2 yrs.	death occurred in a hospitate institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	My of Phila	de
	2 /3 5/ 14 1 / 1	Most. 5 Ward.
	(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR TOWORKED (write the word)	21. DATE OF DEATH Syst (Nonth) (Day) (Year)
	A. If married, widowed, or divorced HUSBAND of	22. IMEREBY GERTLFY, That pattended deceased from
	(or) WIFE of Slonge Richards	110 19320 11/16 1932
e l	6. DATE OP BIRTH (month, dayland year) and 15-1853	I last saw h alive on
+	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5. P. m.
rtif	77 8 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	and de
k of	kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occuration (month and spent in this	www.
back	work was done, as SILK MILL, SAW MILL, BANK, etc	Henry
_	10. Data deceased last worked at this occupation (month and year)	
instructions	W/-1- 9/2	Other Contributory Causes of importance:
uct	12. BIRTHPLACE (city or town) (State or country) Manyland	Chime out Allunter
nstr	13. NAME Henry Japas seen	
See ii	13. NAME Herry Jaghes See	Name of operation Date of
-	(State of country)	What test confirmed diagnosis? Was there an autopsy?
nt.	15. MAIDEN NAME Sidy for Alum 16. BIRTHPLACE (city or town	23. If death was due to external causes (VIOLENCE) fill in also the following:
important		Accident, suicide, or homicide? Date of injury, 19
mp	(State or country)	Where did injury occur? (Specify city or town, county and State)
very i	17. INFORMANT (Address 2/3 Clay Att at Salisby Ind	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is ve	18. BURIAL, CREMATION, OF REMOVAL Place Sirallie am. Defent 18. 1932	Manner of injury
TION	91.10-1-1	Nature of injury
TI	19. UNDERTAKER Attack Mariland.	24. Was disease or injury in any way related to docupation in deceased.
	12/1-18 23 1- May 1.	(Signed) / /// / / / / / / / / / / / / / / / /
)	20. FILED SEGM 19, 19 QH	(Address) Johnson My
	If more blanks are needed address State Registrar	2477 N. Charles Street Baltimore Requestions 7) S. No. 7

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Chronic interstitial nep	ALL PROPERTY AND ADDRESS OF THE PARTY AND ADDR	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 6 1932	July 5,1927	Perilonitis	3 days ago
	TANKET V			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ate.
IS A	state	prope	certific
HIS	pe	be	of c
E PESINLY, WITH UNFADING INK-T	should be carefully supplied. AGE should	3 OF DEATH in plain terms, so that it may	TION is very important. See instructions on back of certificate.
-WRI	mation	CAUS	TION

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10297
1. PLACE OF DEATH	9400
County Wiconsilo	Registratjon Dist. No. 333
Village or City Salisbury, Md.	No. 231 Wunder St St., 13 Ward
Length of residence in city or town where death occurred 5 was mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Haarry Odell Roese	
(a) Residence: No. 21287 W. Newkirk	St. Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
Male White OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Katherine J. Rocser	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Dop. 28. 1884	I last saw h alive on Seft 2, 192 ; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
47 8 /0 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
A. Hade, profession, or particular, or particular wind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this excuration (work) and this excuration (work) and the same of the	Ungina M. Cloro
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)	Other Contributory Causes of importance:
E A A A A A A A A A A A A A A A A A A A	
(State or country)	Name of operation Date of
15. MAIDEN NAME Cordelia Ford	What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Cordelia Ford. 16. BIRTHPLACE (city or town) Cambridge (State or country)	Accident, suicide, or homicide?, 19, 19, 19
17. INFORMANT Mrs. Statherine Rosers	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL, Place D. Lila delphia. Date Sept 131932	Manner of injury
19. UNDERTAKER The Hill & Johnson Co. (Address) Salisbyry and,	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Left 9, 1932. & Desay June Registrar.	(Address) Ciabany
If more blanks are needed address State Registrer	24. N. Charles Street Belginson Barrette W. C. N.

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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year
T-9	UAS	48	
ADDITIONAL SPACE F	OR FURTH	ENSTATEMENTS BY PHYSICIAN	

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF should Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS ds. How long in U.S. if of foreign birth? _____yrs. ____mos.__ Length of residence in city or town while death occurred statement RECORD. If nonresident give city or town and State (Usual place of abode MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (price the word) (Year) BINDING Sa. If married, widowed, or divorced HUSBAND of CERTIFY: That I attended deceased from (or) WIFE of 国 6. DATE OF BIRTH (month day, and year) certificate properly 7. AGE If LESS than Years Months Days to have occurred on the date stated above, by FOR 1 day.hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ____ min. were as follows Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.___ ARGIN RESERVED may back 9. Industry or business In which should work was dona, as SILK MILL. SAW MILL, BANK, atc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this that instructions Other Coutributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town plain (Stata or country) carefully What test confirmed diagnosis? ___. ----- Was there an autopsy?____ OTHER 15. MAIDEN NAME important. 23, If death was dua to external causes (VIOL ENCE) fill in also the following: in Accident, suicide, or homicide? CAUSE OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. should 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR Manner of injury 52 mation Nature of injury. LION 24. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER S. No. (Address) If so, specify B. (Signed) June Registrar. (Address)

If more blanks are heeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURNAU V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 10299
1. PLACE OF DEATH	(181)
County Weconyco.	Registration Dist. No. 333
Village or City Penensula General Hook	
Length of residence in city or town where teath occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Ocomol Smith.	
(a) Residence: No. Prunceso Cinne Ma	sR. F. Oward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Col married	Deptember 8 , 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of Salley Smith.	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from Sept. 1832, to September 8, 1932
6. DATE OF BIRTH (month, day, and year) Without	I last saw ham alive on deptember 2th, 1932; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at _2 . P m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and raisted causes of Importance
8. Trade, profession, or particular	Breas of autice boby therefor Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
Sport in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) . Corregree County	Herch
(State or country)	
14-BIRTHPLACE (city or town) Sognerest County	
4 14-BIRTHPLACE (city or town) Sogneres County	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Laura Jones 16. BIRTHPLACE (city or town) Somerat County	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Somerant County (State or country)	Accident, suicida, or homicide? Charles Date of injury 1947, 1932
Colate of Country)	(Specify city or town, county and State)
17. INFORMANT Johant amille	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Vanton on 8	he storage
Place Venton, Mo, Date Sept 9 1932	Manner of injury Dasseline Office
10. 90'	Natura of injury
19. UNOERTAKER CLUSS IT DESCRIPTION OF THE CONTROL	24. Was disease or injury in eny way ralated to occupation of dacaasad?
Dit x on the of	(Signed) Juanuru' M. D.
20. FILED Sleft 0, 1902 V. May Susul Registrar.	(Address) Julishing M.D.
If more blanks are needed, address State Revistrar.	

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E	xample I		Example II		
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Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU W	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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Other contributory can	geog of importance		Other contributory causes of importance:		
Other contributory causes of importance: Gallstones		May 1,1923		1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH should County Registration Dist. No. Village or City (If death occurred in a horpital or institution, give it NAME instead of street and number) Length of residence in city on town where deally occurred How long in U.S. if of foreign hirth? mos Vrs 2. FULL NAME PHYSICL RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) carries (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. TIFY That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE It LESS than Years Months Days roperl to have occurred on the date stated shove at 1 day. hrs. and related causes of importance min Date of onset 8. Trede, profession, or particular THIS LION kind of work done, as SPINNER. of SAWYER, BOOKKEEPER, etc. 9. Industry or business in which may back pluods OCCUPA work was done, as SILK MILL. SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Totel time (yeers) spent in this Curbus this occupation (month and furbrown nstructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) 13. NAME FATHER 14. BIRTHPLACE (city or town in plain (State or country) What test confirmed diegnosis? carefully Was there an autopsy?. MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide OF DEATH Date of injury ... 16. BIRTHPLACE (city or town) (State or country Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT plnods very (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation Nature of injury LION 24. Wes disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify (Address) (Signed) 20. FILED-(Address) Registrar.

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BINDING

FOR

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MARGIN

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	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attock of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—

1. PLACE OF DEATH County ATT grace (County ATT grace) (County G	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. Allow Here the properties of the saidence in city or town where death occurred. Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. Taking St. (b) Clustiplace of aboddy. (Clustiplace of occurrity). (Clustiplace of aboddy. (Clustiplac	1. PLACE OF DEATH	23
Village or City Datestry St. Da	county wie muco 8 1	- 1 Registration Dist. No. 333
Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. Calley & Canadia & March & St. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR NOWCED Gravith the word? OR DIVERSON OR INCIDENTIAL OF DEATH 21. DATE OF DEATH 22. DATE OF DEATH (a) Ward of death of the word? OR DIVERSON OR RACE (b) Anti-or DEATH 23. DATE OF DEATH 24. DATE OF BIRTH (month, day, and year) (c) WIFE of Date of BIRTH (month, day, and year) (c) Month Days If LESS than O 0 1697		1 de de la
2. FULL NAME (a) Residence: No. Calley St. (Sinalpace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCIE MARKIED, WIDOWED, OR HOUSE, OR HOUSE, OR HUBBAND of CONTINUE to Word or divorced HUBBAND of Continue St.	· (If	death occurred in a hospital or institution, give its NAME instead of street and number)
(3) Residence: No. Oakley St. Cauring. Md. St. Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) S. If married, widowed, or divorced to the word) S. If married, widowed, or divorced to the word of the	Length of residence in city or town where death occurredyrsmos	Zds. How long in U.S. if of foreign blrth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS J. SEX J. COLOR OR RACE J. S. SINGLE, MARRIED, WIDOWED OR DIVORCED (crisit the word) OR DIVORCED (crisit the word	2. FULL NAME Cotta fane The	mas O V
3. SEX Januaried, widowed, or divorced which words of control with the words of control with		
San It married, widowed, or divorced (Month) San It married, widowed, or divorced (Month) (PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5.5. If married, widowed, or divorced HUSBAND CONTROL OF ARTHUR AND CONTROL OF BIRTH (month, day, and year) Ruggerl 28, 1882 7. AGE Years Months Days If LESS than 1 day. The PRINCIPAL CAUSE OF DEATH and related above, at D	OR DIVORCED (write the word)	September 17 193 V
6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If UESS than If UESS tha	5a. If married, widowed, or divorced	(month) (bay) (roat)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than Iday	I A HIFF of	2 + 15
7. AGE Years Months Days If LESS than 1 day. hrs. or min. The PRINCIPLA CAUSE OF DEATH and related causes of Importance were as follows: Date of enset Note of the principlar of the prin	B 728,683	
8. Trade, profession, or particular individual profession, or particular profession, or particular individual profession, or particular profession, or particul		r.30/
8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BONKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. 10. Obse deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). 13. NAME 14. BIRTHPLACE (city or town). 15. MAIDEN NAME 16. BIRTHPLACE (city or town). 17. INFORMANT 18. BURIAL COUNTY) 19. UNDERTAKER (Address)	1 day hre	
Sawer Report Reference of Saver Reference of Saver Report Reference of Saver Referenc	ormin.	was as follows:
12. BIRTHPLACE (city or town) Was there an autopsy? 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Was there an autopsy? 17. INFORMANT (Address) 18. BURIAL, PENATION, OR REMOVAL Place Date Date Date 19. UNDERTAKER (Address) 20. FILED SLEM 12. BIRTHPLACE (city or town) (State or country) Other Cantributory Causes of importance: Other Cantributory Causes of impo	8. Trade, profession, or particular kind of work done, as SPINNER,	
12. BIRTHPLACE (city or town) Was there an autopsy? 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Date of injury Accident, suicide, or homicide? Date of injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE (Address) Burlal, Accident, Samanation, OR REMOVAL Place Date Date 19. UNDERTAKER (Address) Date Place Date Place Date Place Date Place Date Place Date (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE Manner of injury Nature of injury (Signed) (Signed) (Signed) (Address)	9. Industry or business in which	1 almoney awreems 1937
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(State or country) 13. NAME Serge 16. Armith 14. BIRTHPLACE (city or town) 3 altimore, 11. Mame of operation. Date of (State or country)	12. BIRTHPLACE (city or town) Near Vienna, Ma.	Other Cantributory Causes of Importance:
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, ORMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED Sept. 19. 32. Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? 21. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury, 19 Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 15. MAIDEN NAME Was there an autopsy? Accident, suicide, or homicide? Specify whether injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury 19. UNDERTAKER (Address) 19. Was disease or injury In any way related to occupation of deceased? (Signed) (Signed) (Signed) (Address)		
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15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CRENATION, OR REMOVAL Place Date Date Date Date Date Date Date CAddress) 19. UNDERTAKER (Address) 20. FILED Sept. 18, 19 32. Where did injury occurred in industry, in elso the following: Accident, suicide, or homicide? Date of injury Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 18. Specify (Signed) (Signed) (Signed) (Address) M. D. (Address) M. D. (Address) M. D. (Address) M. D. (Address)	(State or country)	7/
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, ORDINATION, OR REMOVAL Place Date Date Nature of injury Nature of injury 19. UNDERTAKER (Address) 18. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Nature of injury Nature of injury 19. UNDERTAKER (Address) 18. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury Nature of injury (Signed) (Signed) (Signed) (Signed) (Address) M. D. Registrar. (Address)	15. MAIDEN NAME annie H. Smith	
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, ORDINATION, OR REMOVAL Place Date Date Nature of injury Nature of injury 19. UNDERTAKER (Address) 18. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Was disease or injury In any way related to occupation of deceased? 18. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury 19. UNDERTAKER (Address) (Signed) (Signed) (Signed) (Address)	16 BIRTHDIACE (city or town) Vienna, Mid	
17. INFORMANT Casterny Should life San. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CAZMATION, OR REMOVAL Place Date Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) (Signed) (Signed) (Address)	(State or country)	Where did injury occur?
(Address) Salisbury, Mid. 18. BURIAL, ORDINATION, OR REMOVAL Place Date Date Nature of injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury In any way related to occupation of deceased? No If so, specify (Signed) (Signed) (Address) (Address)	17 INFORMANT Castern Shore July San.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Place Date 19 Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury In any way related to occupation of deceased? No If so, specify (Signed) (Signed) (Signed) M. D. Registrar. (Address)		
19. UNDERTAKER (Address) 24. Was disease or injury In any way related to occupation of deceased? No If so, specify (Signed) (Signed) (Address) (Address) (Address)	18. BURIAL, CAMINATION, OR REMOVAL WELL 9/20	Manner of injury
(Address) 20. FILED Sept 18, 1932. & May Jurie (Signed) Charles & Steenken M. D. Registrar. (Address)	Place Date 19	Nature of injury
(Address) 20. FILED Sept 18, 1932. & May Jurie (Signed) Charles & Steenken M. D. Registrar. (Address)	19 UNDERTAKER J. R. Le Camph	24. Was disease or injury In any way related to occupation of deceased?
Registrar. (Address) G. J. Her. San		
		(Signed) Charles & Steenken M. D
		/ A

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11.-The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	H	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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No.
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Y.

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1 PLACE OF DEATH	10303
County Wicomico	Registration Dist. No. 333
Village or City Salisbury	No. 216 Delaware aire St. 9 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long la U.S. if of foreign birtb?yrs,mosds.
2. FULL NAME Grace Barling	Loadome
(a) Residence: No. 216 Delaware Que (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	DEPOTEMBEN 23 1932
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
none	November 1932, to SEPTEMber 23, 1932 death is said
6. DATE OF BIRTH (month, day, end year) 5 - 21 - 1917	1.001.001
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2
15 4 3 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Julerculosis of the lungs 10-31
Andustry or husiness in which	onvertues set of the centify 10 st
work was done, as SILK MILL, SAW MILL, BANK, etc.	
year) occupation	Other Contributory Canses of importance;
12. BIRTHPLACE (city or town) Salustury	
(State or country) maryland	hone
13. NAME John S. Joadone 14. BIRTHPLACE (city or town) Salisbury	
4 14, BIRTHPLACE (city or town) Salusbury	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Reals Island	23. If death was due to external ceuses (VIOLENCE) fill In also the following:
[State or country] [State or country] [State or country]	Accident, sulcide, or homicide?
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT The D. Vondome (Address) 21 6 50 planare are	Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Houston Camelery Date Sept. 26, 1932.	
James F. St. +	24. Was disease or Injury In any way related to occupation of decessed? Ho
19. UNDERTAKER James J. Second St. Sulisbury	If so, specify
1 1 22 Vr 12 01 1.	(Signed) U.D. Browne M.D.
20. FILEO Sept 20, 19 2 C. May Manual Registrar.	(Address) Salisbury, Ma.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. D.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS B	3Y PHYSICIAN
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V. S. No. 1

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20. FILED

should state of OCCUPA-

	STATE OF	MARTLAND-	CERTIFICATE OF DEATH	10304
1. PLACE OF DEA	TH ,		ila)	4 4 0
County Much	mile		Registration Dist. No.	333
Village or City	alinhuss	, frear	ND.	St.,
Length of residence In	+	(1	f death occurred in a hospital or institution, give its NAME instead of second	
2. FULL NAME	dana 11	Baden		
	plan Sal	0	St. 9 Ward.	
(a) hesidence. No.	prosession	(Usual place of abode)	If nonresident give city o	r town and State
PERSONAL A	ND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH '
Semale a	.a.	. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	30 ,193 Z- (Year)
Sa. If married, widowed, or div HUSBAND of (or) WIFE of	vorced		22. I HEREBY CERTIFY, That	
	0-1	St	no Dr. he ottendance	
6. DATE OF BIRTH (month, d	ay, end year) / you	Deys If LESS than	I last saw h alive on	, 19; death is said
/ AGE Tears	Months	1 day has	to heve occurred on the dete stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of important processing the state of the state	rtance
107-1-1	7	29 or min.	were as follows:	· // Date of onset
No. 1 Trade, profession, or kind of work done SAWYER, BODKKI	as SPINNER.	200	Herrord & core to	The
kind of work dome SAWYER, BODKK! 9. Industry or business work was done, es SAW MILL, BANK 10. Date deceased last we this occupation or	in which SILK MILL,	no-	acets Dysentery.	9/28/3
10. Date deceased last w this occupetion (m year)	orked et con	11. Total time (yeers) spent in this occupation		
12. BIRTHPLACE (city or town	, Sababii	y mil	Other Contributary Causes of importance: - About 20 days lefere had	Q ,
(State or country) W 13. NAME / bon	dy A 1	rade	I illo - Collitis	iller
13. NAME / ban 14. BIRTHPLACE (city or	town) Fitze	lle	Name of operation	Date of
(State of Country)		ma	What test confirmed diagnosis? Was	s there an autopsy?
15. MAIDEN NAME ()	enon W	hile	23. If death was due to external causes (VIOLENCE) fill in also the	ne following:
16. BIRTHPLACE (city or	town) Taton	rope	Accident, suicide, or homicide? Date of inju	ury, 19
∑ (State or country)		and	Where did injury occur?	
17. INFORMANT Hans	Soles!	eller	(Specify city or town, coursed in INDUSTRY, in HOME, or in i	nty and State) PUBLIC PLACE.
18. BURIAL, CREMATION, OR Place Housto	REMOVAL n Cemeter	Via 1	Manner of Injury	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

24. Was disease or injury In any way related to occupation of deceesed?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonilis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

state

Village or City

Sig

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH

Registration Dist. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	8	1921	Run over by street car	1 week ago
Cerebral hemorrhage	EULEAU V.K	July 5, 1927	Peritonitis	3 days ago
	Company of the Control of the Contro	\$		
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(167)
County Quy Comico	Registration Dist. No. 332
Village or City Sharous (16	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Harvey Burton	Wells
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the wird)	21. DATE OF DEATH Suht 11 1932 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of of (OR)	22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
7. AGE Yeers Months Deys If LESS than 1 day, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Atravaga de of fail
12. BIRTHPLACE (city or town) Outtaville md	Other Contributory Causes of importance:
(Stete or country) 2 13. NAME Suy 6. Wells	
13. NAME 36. Wells 14. BIRTHPLACE (city or town) Outsuille (State or country)	Name of operation Date of Was there en autopsy? Was there en autopsy? Name of operation Date of Was there en autopsy? Name of operation Date of Name of operation Name of operation Date of Name of operation Name of
I IS. MAIDEN NAME Maney King	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or equality) 17. INFORMANT (Address)	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Harlows ben Date Sept. 23, 19.32	Manner of injury and mytheliad Samuel
19. UNDERTAKER With Howard ayella (Address) with the state of the stat	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Sept. 23, 1932 Leland T. Trised Registrar.	(Signed) 5.71mg white cerone M.D. (Address) Sales Long manifest

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

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OCCUPA.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Year)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10308
County Wicomics	Registration Dist. No. 33
Village or City Galusting R. J. D #1	No. St., 9 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	to the state of th
2. FULL NAME JANGE JA, WALLS	DSEL / Ward.
(a) Residence: No. Salsaliury 11 d. Y. J.	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Nonth) (Day) (Year)
HUSBAND OF Fannie Wilson	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, dey, end year) about 18 45	I last say h elive on 19 ; death is said
7. AGE Years Months Days If LESS than 1 day,	to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER,	Date of office
SAWYER, BODKKEEPER, etc.	acuto Vato Henry
work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) about this occupation (month and about spent in this year) 12. The country and occupation occupation 3.5 years	
12. BIRTHPLACE (city or town) Somerset Co., (State or country) Maryland	Other Contributory Causes of importance:
# 13. NAME Louis Coston	/
14. BIRTHPLACE (city or town) near Pocomoke	Name of operation Date of
(State of County)	Whet test confirmed diegnosis? Was there en au'opsy?
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Unknown	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Unknown (Stete or country)	Accident, sulcide, or homicide?, 19, 19, 19
17. INFORMANT Farmie Wilson (Address) Salabury Md. R. F. D. #/	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Muslous lun, Date Mug J, 1902	Nature of injury
19. UNDERTAKER Statisting, Mid.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sept 3, 19 32 D. May June Registrar.	(Signed) M. D. (Address) Legy M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. 56. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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STEBATIVE OF			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. IS A PERMANENT properly classified. BINDING TION is very important. See instructions on back of certificate. FOR -WRITE PLAINLY, WITH UNFADING INK-THIS MARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1 N. B.—/

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Thirongree	Registration Dist. No. 933
Village or City Salishuy	No. Sandruum St., B. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) 7. ds. How long in U.S. if of foreign birth?
2. FULL NAME allest James Theyalt	
(a) Residence: No. Clashafine, Md.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Mile Thile OR DIVERCED (write the word)	Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mey Digat	22. I HEREBY CERTIFY that attended deceased from 1930 to 1930.
6. DATE OF BIRTH (month, day, and year) Afril Vb. 1869.	I last saw hite Salive on Sept. 71 , 1937; death is said
7. AGE Years Months Days If LESS than 1 dey,	to have occurred on the date stated above, at 4.3.2.13m.
63 4 27 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Contractor & huilder	P. 2 1920
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	alin enry utrienton
kind of work done, as SPINNER, Contraction & Country 8 AWYER, BDDKKEEPER, etc. 9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and of 1977) year) 11. Totel time (years) spent in this occupation 35440	
12. BIRTHPLACE (city or town) Mullar J	Dther Contributory Causes of importance:
13. NAME Meas Regalt 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME CSELEN Dawen	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) / Maufles (State or country)	Accident, suicide, or homicide?
17. INFORMANT Muy Mary High	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place LUSAS & release bate 9/25/32/9	Manner of injury
19. UNDERTAKER The Will & Johnson 6.	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Sept 23,1932. It May Junes.	(Signed) Marles of fleecherm. D. (Address)
If more blanks are keeded, address State Registrar,	

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